East Kent Hospitals University Foundation Trust
A&E Departments Enter and View Programme 2014-2015

William Harvey Hospital, 13th January 2015

Healthwatch Kent undertook a series of visits to East Kent Hospitals University Foundation Trust (EKHUFT) Accident & Emergency departments. This is part of our work to support the EKUHFT Improvement Plan following their recent CQC report.

About Healthwatch Kent

Healthwatch gives people a powerful voice both locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Kent is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Enter and View?

Part of Healthwatch Kent's remit is to carry out Enter and View visits. Trained volunteers carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch Kent authorised representatives to observe services and talk to service users, patients, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observed anything that they felt uncomfortable about they would inform their lead who would then inform the service manager, ending the visit.

In addition, if any member of staff wanted to raise a safeguarding issue during our visit, we would direct them to the CQC where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Kent would like to thank the hospital, patients, visitors and staff for their contribution to this Enter and View programme.

Disclaimer

Please note that this report only relates to what we observed during our visits. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time.

Purpose of the visits

Healthwatch Kent undertook two visits to the Accident and Emergency Departments of two hospitals within East Kent Hospitals University Foundation Trust:

- Queen Elizabeth Queen Mother hospital visitied on 9th December 2014
- William Harvey Hospital visited on 13th January 2015

East Kent Hospitals University Foundation Trust is currently implementing a significant development plan to address areas highlighted by the Care Quality Commission (CQC). These visits were designed to take a baseline snap shot across the Trust. The visits will be repeated in the Spring, in order to ascertain if the Trust's development plan has resulted in improvements noticed and reported by patients, family and staff in terms of patient experience, dignity or choice.

These Enter and View visits were designed to ensure that we were hearing about the experiences of people using A&E. The visits aimed to gather views from patients, carers, families and staff about their experiences of the Accident and Emergency pathways and their understanding of possible alternative pathways.

Methodology

These visits were announced Enter and View visits and were planned in conjunction with Senior Matrons at each Accident and Emergency department.

Contact was made with the Senior Matron before the visit and information was given about the role of Healthwatch. The dates for the visits were agreed with the Senior Matrons.

A team of two Enter and View volunteers visited each A&E. A set of questions and areas for observation were used by teams, as the framework for conversations during each visit (Appendix A).

At each A&E, Healthwatch Kent volunteers checked with the staff working in the department if there were individuals who should not be approached or spoken to on the day.

All observations have been shared with the provider and this report is accompanied by a statement from each provider.

Name and address of premises visited	Accident and Emergency department. William Harvey Hospital Ashford
Name of service provider	East Kent Hospitals University Foundation Trust
Lead contact	Peter Orsman Senior Matron
Date and time of visits	Tuesday 13 January 2015 2.00-4.45pm
Authorised representatives	Theresa Oliver and Mike McKenzie

Background Information

The following information has been supplied by the hospital as a snap shot of activity on the day of the authorised visit.

- The number of patients registered in the department during the time we undertook the visit. 31 (14 via ambulances and 17 walk in patients)
- The average time patients took from registering to being seen at Triage was 22 minutes.
- The average time for patients to be seen and a clinical decision made was 73 minutes.
- The average time patients stayed in the department from triage until discharge or gaining a bed if being admitted was 191 minutes (3 hours and 11 minutes)

Healthwatch Kent's authorised visitors spoke with a total of 16 patients during the visit. In addition there were 5 staff. The authorised representatives spoke to people at various locations within the A&E department with an even distribution across the waiting area and the medical areas. There were no patients in resus at the time of the visit. Most patients returned to the general waiting area after triage. This has been recorded as Triage waiting area, to distinguish which patients had been triaged.

The majority (9) of people we spoke to during the visit were over 65yrs of age, with four people over 76 years of age. Two patients were under 18 years.

Ten people had come by car, four by ambulance, one person had used public transport and one came by taxi.

Eight people came straight to A&E and seven were advised by GP or other health professionals. Only one person came via 111.

The postcodes of people attending A&E at the time of the visit indicated that the majority (10) of people spoken to came from Ashford town centre, Wye, New Romney, Romney Marsh, Willesborough and Greatstone areas.

Patient journey through the Department. The following steps explains how a patient travels through the A&E department

- Booked in by receptionist
- An IC24 nurse assesses and makes the decision to send the patient to the GP on call or passport through to A&E triage
- If a GP is needed, the patient will
    - Return to wait in the waiting area
    - See the GP and receive treatment and leave A&E
    - Or see the GP and be passported on to A&E Triage assessment area and then into the A&E pathway.
- If A&E, the patient will
    - Wait in the waiting area
    - See the Triage nurse
    - Return to the waiting room until diagnostic treatment then return to waiting room to await results.

What we saw : Summary of observations

- 50% of people attending had come on the advice of their GP or other health professional.
- 56% of patients surveyed reported that there were not 'happy or very happy' with the service they received, with levels of communication about waiting times being the largest factor.
- 75% of those surveyed thought they had been given clear information about their care and 100% of people felt that their privacy had been respected.
- 69% of people confirmed that their pain was being actively managed.
- The technicians and in department diagnostic facilities like the CT scanner help to reduce the time patients wait for results.
- The A&E staff appear to function well as an integrated and supportive team.
- The GP pathway seems to be reducing the impact on A&E flow seeing an average of 30 patients per day from 250 presenting patients.
- The provision of spare ambulance trolleys helps to reduce the time ambulance crews spend in the department.

Our Observations

Raw data from the questionnaires see appendices A and B

The patients experince of their journey through A&E

11 of the 16 people that we spoke to had already been seen by a Dr or a nurse at the time of talking to them and had received some treatment. Everyone we spoke to was awaiting further treatment.
Generally patients returned to the main waiting area after triage and when waiting for diagnostic results so there was a wide variation in the time people had been waiting. The Authorised visitors spoke to five people in triage and 4 people post triage. Two people had been in the department for more than 4 hours, they were in majors and were waiting to be admitted to a ward. People that we spoke to had been triaged within 15-20 minutes either through the general pathway or with the IC24 nurse.

Seven of the patients reported they were very happy with the service, comments included;

"First class service"
"Have been made 2 cups of tea, very happy with service"
"Very happy with care"
"Brilliant"
"Everything very good"

69% of people confirmed that they had been asked about their levels of pain and all those who required pain releif had been given something.

Privacy, Dignity and Respect.
Twelve (75%) of the patients we spoke to thought that the information they had been given about their care was very or quite clear, but the remaining 25% were not clear about what was happening next in their treament because of the stage at which they were at in the A&E pathway. One person had not been involved in decisions about their care because of the nature of their problem which meant they had to trust the decisions being made by the health professionals.

94%, (15) patients thought that staff had given them their full attention and 100% thought that their privacy had been respected. The majority (88%) of people were aware of the role of the members of staff treating them, although two people said staff hadn't introduced themselves and they were not sure who they were. One person was not sure about the role of the triage nurse.

Environment
On arrival external signage to the entrance of A&E was clear but access for patients with a mobility disability was difficult with a push button outer door and an inner door which had to be pulled towards the body manually. The waiting area had vending machines, water dispenser and toilets but was dark and small.

Two patients talked about previous visits to the department and spoke of the size of the waiting area which they had found overcrowded and hot at busy times. There are no separate waiting and treatment areas for children although the paediatric nurse uses an area in 'minors'.

Although there are posters and information about privacy and pain relief in the waiting area, they are not easy to read because of their position and the fact that they are obscured by so many other pieces of information.

The glass partitions separating reception from the waiting area are high, thick and fairly intimidating and there isn't a lower section suitable for wheelchair users. The position of the speakers and microphones means that you have to stand back from the partitions to speak but none of the sixteen people we spoke to felt that this affected their privacy.

Discussions with Staff

Discussions with staff raised the following issues:

Technicians

The technicians deal with blood tests, cannulas and pain relief etc and ensure that patients' samples are analysed and results available as soon as possible. During the day there are normally 3 technicians on duty, one dealing with 'majors' and two covering the rest of the department. At night there is only one on duty. When short staffed they don't have a dedicated technician in 'majors' which obviously affects the time people are waiting for results.

IC24 Nurse

The IC24 nurse sits with the department receptionist(s) whilst details of the patient are recorded on the booking system. The scheme here has been running for approximately 18 months. The IC24 nurse will then ask the patient further questions based on the information already provided and will make a clinical decision in respect of which pathway the patient should take, either the GP or the A&E triage service.

Currently the IC24 service sees an average of 30 patients a day assisting the flow through the A&E department. This has increased in recent months.

All patients going through the GP stream are assessed, treated appropriately and finally advised what would be a suitable course of action if the same problem occurs again. Staff suggested that there are a few patients who try to use this service in preference to their own GP.

Staff indicated that they believed recent national and local news items indicating the pressures on A&E services have noticeably decreased the numbers coming into A&E.

Staff also mentioned the fact that patients needing admission for surgery are admitted through A&E and that this impacts on flow. There is currently a 2-3 month trial of a Surgical Assessment Unit which is open between Monday –Friday 12pm -6pm and it is hoped that this will reduce the volume of people passing through A&E.

IC24 GP

Discussions with the GP highlighted the advantages that the IC24 nurse/GP team can provide for A&E by treating non-urgent patients and so reducing the pressure on the main A&E department. However they do see some recurrent attendees. They are trying to address this by ensuring local GPs are aware of patients that are attending A&E so that some changing of health seeking behaviour can be achieved. It was suggested that if patients could access a live feed showing waiting times at A&E departments it might inform and encourage patients to seek alternative pathways to the care they require (this is in place in other hospitals).

Ambulance Crews

A&E staff reported that they have an efficient and effective relationship with ambulance crews. We were not able to speak directly to any of the ambulance crews at the time of our visit. A monitor provides up to date information about ambulances imminent arrival so staff are able to plan resources in advance. A&E hold a supply of spare ambulance service trolleys which the ambulance crew are able to pick up and leave the patient in A&E on their existing trolley if a bed is not available. Crews are therefore not held up at A&E.

Staff suggested that although the numbers of people arriving by ambulance are rising, because the crews are well qualified they are able to prepare patients more effectively before arrival in A&E.

Senior Nursing Staff

The flow information in majors is recorded manually on a white board which needs to be constantly updated by staff. They are hoping to install an updated IT system which will improve accuracy, security and efficiency. The A&E team were observed to work well together and were supportive of each other.

Staff were positive about having diagnostic facilities such as the CT scanner, in the department and how it reduced the time patients wait for results.
Staff were also proud of their training programme. As one of the three trauma units in the county the department receives regular helicopter arrivals. A rolling programme of trauma and other training has been put in place to ensure staff are up to date with current best practise. This has produced a marked improvement in staff morale.

Staff raised concerns that privacy could be an issue when 'majors' is busy as patients are on trolleys within the main area, in front of the doctors station, and can see computer screens and overhear staff telephone conversations.
Staff also talked about the lack of separate Paediatric facilities as a major issue for a busy A&E department, especially as the waiting area is small and they do have a large number of patients with alcohol related problems.

Staff talked of plans to install a screen in the waiting area which they hoped would address some of the issues raised about communication, giving patients more accurate waiting times and other information. We were also told of plans to re-organise the department which will involve some re-building work, to improve reception and treatment areas. They anticipate that the department will continue to function normally whilst this work is taking place.

Clinical Director
In discussion with the Authorised Visitor, the Clinical Director confirmed that they thought that the A&E team worked well together and were doing a good job despite the restrictions the building and layout placed upon them.

Patients thoughts on what could be improved

Communication about waiting times.
Four patients mentioned waiting times and the lack of information provided about waiting at various stages. One person said that the information on the board in the waiting room was inaccurate and was difficult to see as it was behind patients. One patient said that they had had to ask how long the delay was likely to be.

Communication about treatment
Poor communication was mentioned by three patients. One elderly patient didn't understand why the triage nurse hadn't been able to take bloods etc for diagnosis and one one person was unclear about how priority was assessed.

Waiting area
A separate waiting area for young children was suggested by one person. One patient suggested that the waiting space needed to be bigger as it often gets very crowded and hot in summer. Two people mentioned that having reading material available would be a benefit.

Our Recommendations

Following our visit, Healthwatch Kent would make the following recommendations

- All staff to explain to patients who they are and their role in the patient's care.
- Review and address disability access to the department and the feasibility of incorporating a section of reception which wheelchair users could access. Ensure that this is included in the plans for the new reception building.
- Install the planned TV monitor in the waiting area and ensure waiting time information is displayed.
- Evaluate impact of the trial Surgical Assessment Unit on flow through A&E

- Explore feasibility of a 'live feed' for the public giving up to date information about A&E waiting times as well as information about other services such as Walk- in centres and Minor Injury units.
- To continue to monitor the GP stream and the Surgical Assessment Unit to determine the effect they are having on the flow through A&E.
- Install a banner/poster in the entrance to advise patients of conditions that could be treated by own GP and raise awareness of 111.
- Review the information displayed in reception so that it is clear and visible and remind reception staff about the importance of interpersonal skills.
- Continue with plans for re-building and re-organisation of the department.

We would like to express our thanks to Peter Orsman Senior Matron, Clare Boggia and all the staff of William Harvey's Accident and Emergency Department for making the team so welcome and taking the time out of their busy schedule to explain the workings of the department.

Response of Peter Orsman, Senior Matron William Harvey Hospital A&E Dept

On behalf of all the staff within the William Harvey Emergency Department, I would like to thank Healthwatch Kent for this report which I consider fair and accurate and note the areas highlighted for improvement are also areas that the staff themselves or comments via the patient survey, known as Friends and Family Test (FFT) have also identified.

It is fair to say that the Emergency Department at the William Harvey as a building has become outdated over the years and plans are in-place to expand into other surrounding areas thus expanding the overall size of the department, the building work will be conducted over 3 phases with phase 1 due to commence in March 2015. Once the building work has been completed there will be enhanced visibility for patients within the major treatment area and improved privacy and dignity, the minors area and waiting room will be expanded allowing more natural light and a dedicated paediatric area with it's own waiting room and treatment cubicles.

I have identified through patient feedback that communication has been a constant issue, to address this all the Emergency Department staff wear uniforms where their job titles are embroidered so patients know who they are being treated by, a computer has been ordered so an information television screen can be placed within the waiting room giving patients the most accurate waiting times along with advertising other NHS services and health promotion material, this television removes the need for hard copy posters etc., within the waiting area. During the first half of 2015 all substantive staff will attend basic customer service training and some staff will also attend enhanced customer service training, this will no doubt help in the way we speak to, address and inform our patients.

The Trust is also committed to improving the current Information Technology (IT) infrastructure, and trials are well underway in the Trusts 2 Emergency Departments and 2 Minor Injury Units of a paperless ED system, therefore the need for the departmental "flow whiteboards" will cease to exist, in turn improving the privacy we offer our patients. The Trust intends to "go live" with this project in the autumn / winter 2015, this innovation will reduce the need for so much paper, reducing stationary costs and improving productivity meaning staff will have longer to treat and be with patients rather than hand writing notes.

My team and I look forward to Healthwatch Kent returning later in year and in the meantime would be happy working with any of their volunteers to improve the patient journey and overall quality of the service we provide.